

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518651

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11	1					
12		1				
13		2				
14		3				
15		4				
16		5				
17		6				
18		7				
19		8				
20	1					
21		1				
22		2				
23		3				
24		4				
25		5				
26		6				
27		7				
28		8				
29		9				
30	1					
31		1				
32		2				
33		3				
34		4				
35		5				
36		6				
37		7				
38		8				
39	1					
40		1				
41	1		1			
42				1		
43					1	
44						1
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1	1		
53						
54						
55						
56						
57						
58						
59						
60						
61			1			
62						
63						
64						
65						
66						
67						
68						
69						
70						
71			1			
72						
73						
74						
75						
76						
77						
78						
79			1			
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			40			